U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

5123	1 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Louise M Bayor	Name SEIG WIGG			
, ,	Labor Organization File Number 636847			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 310 W. 4 3 5T	Street 310 W.43 5+			
City DY	City NY			
State 29 ZIP Code + 4 10036	State \(\mathcal{O}' \) \(\text{ZIP Code + 4 } \) \(\lambda \) \(\text{2.5} \)			
5. Position in labor organization. Chief Fivencial O	es.a			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 8/2/05 2/2 603 1732— Date Telephone Number			

Name of Person Filing Louise M. Bayes		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Cushwin & Walifield Trade Name, if any: P.O. Box, Bldg., Room No., if any Street SIW. SLST City NY State NY ZIP Code + 4 100 15	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Pear Estate	billing Services		
Street City ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held 2 both les Sild	of wine a holiday		
	12.b. Amount.	\$0.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	:			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling Lovi Sc M (Bayor	File Number 0-			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Aus Sawated Baul				
Trade Name, if any:	★ a. Labor Organization 			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 11-15 GN7M 39.	c. Employer			
City WY				
State NY ZIP Code + 4 100 36				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Commercial barrains			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	85			
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
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State ZIP Code + 4	Holiday Silt besket Esqualed value			
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	12.b. Amount. 130 · CV			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filling Louise M. Bayes	File	Number U-		
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8. Name and address of Business (including trade name, if any). Name Can Sali Jadsed Cilor Rus SS Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 275 Seventh Ave. City NY State NY	9. Business deals with: X a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.			
Street City ZIP Code + 4	11.b. Approximate dollar value of 12.a. Nature of interest held or 5,74 basic			
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8. Name and address of Business (including trade name, if any). Name An product Data Processing Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Maid Stup 208, 99 Defferson Rd City Parsing Pars State DY ZIP Code + 4 97054-6450	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	11.a. Nature of such dealing. Payricus 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4	9.1+ bosket a holider Silt. Costimoded value			
	12.b. Amount.			
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State ZIP Code + 4	To perform minute and the contract of the cont			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			



August 2, 2005

Re: Form LM30 Louise M. Bayer

Gentlemen:

I am submitting a revised form LM30 because subsequent to submission of the original form LM30 I learned that the holiday gift basket which I had estimated at a value of \$50 was reported by the vendor at a value of \$130.

Yours truly,

Louise M. Bayer